

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		8				
4		8				
5	1					
6		1				
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TOTAL IND.	2					
TOTAL DEP.	4					
TOTAL CLAIMS	6					

	IND	DEP	IND	DEP	IND	DEP
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